

ESTIMATED PACKAGE COST ELEVIDYS INFUSION THERAPY

**MED
CARE**

Date: 21/9/24

Reference No:	DMD-157-OlehValeriyovychRygan-121118210924
Name of Patient:	Oleh Valeriyovych Rygan
Date Of Birth	12/11/2018
Name of Parent / Legal Guardian:	Olga Vasylivna Rygan
Doctor (s) Name	Dr. Vivek Mundada

ESTIMATED PACKAGE COST INCLUSIONS	
OP Consultations.	Quantity Nos.
Ped. Neurologist	Up to 5 nos.
Ped. Pulmonologist	Up to 2 nos.
Ped. Cardiologist	Up to 2 nos.
Orthopedician	Up to 1 nos.
Speech / Swallowing Therapy (if advised by doctor)	1
Pediatric SOS (if needed)	1
Sleep Study (if advised by doctor)	1
Rehabilitation & Physiotherapy Sessions	
Assessment & Specialized Physiotherapy treatment	Up to 16 Nos.
Chest physiotherapy treatment	1
In-patient Admissions related to Elevidys infusion	
PICU Ward	Up to 1 Day
Private Ward (If needed)	Up to 1 Day
Medications & Blood Investigations	
ELEVIDYS as prescribed by treating physician.	1
Prednisolone as prescribed by treating physician.	Included in package cost
Nexium as prescribed by treating physician.	Included in package cost
Blood Tests (Elevidys Pre-infusion & Post-infusion tests)	Included in package cost (Up to 8 nos.)
Estimated Package Price	AED 10,650,000 Dirhams
Reference price in USD ROE@ 3.67	US\$ 2,901,907 approximately

***Optional:** Pre-fundraising ELEVIDYS eligibility **AAVRh74 antibody Test Package rate is AED 9900 (US\$ 2700 Approx.)**
Airport Pickup and drop not applicable for aavrh74 test packages.

Terms, Conditions & Advisories:

1. A **MEDICAL SERVICE AGREEMENT** between the Patient/Legal Guardian & MEDCARE hospital is advised. MSA to be signed prior to transfer/remittance of funds for Elevidys infusion service.
2. The above rate is an estimated package price. Any charges over and above the package price will be billed at actuals.
3. To help parents/legal guardians make informed decisions on Elevidys Infusion service, it is recommended that parents/legal guardians undergo counseling and consult with their primary physician/pediatrician.
4. Currency of Transaction is AED Dirhams and hospital will not be responsible for any losses incurred due to currency rate fluctuations.
5. For any Refunds; authentication and due diligence processes are applicable. For clarifications, please discuss with MEDCARE team. Our Single point of contact will be Parent/Legal Guardian. No refunds are applicable on unutilized package components/services mentioned above.
7. This package does not include cost of hotel accommodation, air tickets, visa etc. DMD team can assist in hotel accommodation bookings & visa applications.

Optional complimentary services that DMD patient (Not Applicable for AAVRH74 package rate)	
• Pick up from Airport to Hotel on Day of Arrival (Regular Vehicle)	gratis / Complimentary
• Pick up & Drop from Hotel to MEDCARE Hospital. (Regular Vehicle)	gratis / Complimentary
• Pick up & Drop from Hotel for External Consultation. (Regular Vehicle)	gratis / Complimentary
• Russian/Turkish/French Translation Services available on request.	gratis / Complimentary
• Pick up from Hotel to Airport on Date of Return to home country	gratis / Complimentary

Questions / Inquiries may be addressed to:

International Patient Services – DMD Department
Medcare Women & Children's Hospital (Aster DM Healthcare)
Cell & Whatsapp: +971 56 422 7180
Email: DXBmedicaltravel@asterdmhealthcare.com

Medcare Women & Children Hospital
Sheikh Zayed Road, Near Al Manara Municipality, Dubai UAE
800 MEDCARE (6332273)



ELEVIDYS INFUSION THERAPY (Duchenne Muscular Dystrophy)
ESTIMATED PACKAGE COST



Note: The cost estimate is coeval to medical reports and information presented to our doctor(s) at the time of drafting this cost estimate. This cost estimate does not guarantee intended treatment and is solely issued to communicate an estimated cost of treatment.

Disclaimer: Estimated cost estimate and availability of the drug are subject to change without notice. All services are subject to drug availability and the availability of personnel to perform the services. MEDCARE reserves the right to make adjustments to pricing, products and service offerings for reasons including, but not limited to, changing market conditions. While we make every effort to provide you the most accurate, up-to-date information and in the event of a change in estimate price quoted or unavailability of personnel, we attempt to notify by email or phone, and be given the option to accept the corrected price or cancel the services.

FDA Approval Announcement June 20, 2024 :

<https://www.fda.gov/news-events/press-announcements/fda-expands-approval-gene-therapy-patients-duchenne-muscular-dystrophy>



Medcare Women And Children Hospital



**HOSPITALS
& MEDICAL CENTRES**
WE'LL TREAT YOU WELL

Patient Deposit Receipt

Receipt No: MWCDEP-PT0036059	Receipt Date : 15/10/2024	URN: 10581021
Department:	Orig Receipt No:	Gender: Male
Patient Name : Oleh Ryhan		

Received with thanks an amount of AED 9900.00 [AED Nine Thousand Nine Hundred only] by Cash

Payment Mode	Card Name	Card Number	Expiry Date	Auth code	Amount
Cash					AED 9900.00

Comment:



Marlyn Andaya
Cashier